OKLAHOMA
State Department
of Health

Delivery via email to: Sslemp@StoreyOaks.com

September 17, 2021

License Number: AL5536

Mr. Scott Slemp, Administrator
Storey Oaks
8300 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: TJDF11

Dear Mr. Slemp:

On **September 13, 2021,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action will be completed for each violation; and
(6) Be signed by the administrator.

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Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

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State Department
of Health

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2021.09.17 14:02:36 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Storey Oaks**
Address: **8300 N May Ave**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5536**
Complaint #: **OK00055934**
Investigation Date(s): **09/09/21, 09/10/21 and 09/13/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide adequate and appropriate medical care.	S

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 09/09/2021 at 8:30 a.m.

A sample of 2 residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag 1505 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 09/15/2021

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Storey Oaks**
Address: **8300 N May Ave**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5536**
Complaint #: **OK00056448**
Investigation Date(s): **09/09/21, 09/10/21 and 09/13/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have adequate staff to provide care according to resident contracts.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 09/09/2021 at 8:30 a.m.

A sample of 3 residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to staffing, incident reports and night shift.

At the time of the survey, there were no issues with night shift staffing or families being notified of falls.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 09/15/2021

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Storey Oaks**
Address: **8300 N May Ave**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5536**
Complaint #: **OK00057016**
Investigation Date(s): **09/09/21, 09/10/21 and 09/13/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide care according to resident contracts.	**US**
2. The center failed to ensure staff followed proper infection control practices.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 09/09/2021 at 8:30 a.m.

A sample of 3 residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to weekend, environment, housekeeping staff and resident checks was conducted.

At the time of the survey, there were no unpleasant odors of urine, feces or sticky floors. The housekeepers used EPA registered disinfectants. Resident linens observed were not dingy or stained. Staff completed rounds checking on the needs of the residents.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to contact precautions, supplies, medication review and housekeeping conducted.

Staff were observed wearing gloves for direct care provided to residents. Soap dispensers in resident rooms were full of soap. Hand sanitizer was either carried by staff in their pockets, on the medication cart or behind the nurse's station. The housekeepers used EPA registered disinfectants.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and #2. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 09/15/2021

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Storey Oaks**
Address: **8300 N May Ave**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5536**
Complaint #: **OK00057679**
Investigation Date(s): **09/09/21, 09/10/21 and 09/13/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure an abuse free environment to include involuntary seclusion.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 09/09/2021 at 8:30 a.m.

A sample of 3 residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to abuse, involuntary seclusion and COVID-19 was conducted. At the time of the survey, no resident was on isolation due to having tested positive for COVID-19. When a resident tests positive they were placed on transmission based precautions. Resident doors to their room can be locked or unlocked. All resident room doors can be exited from inside the room to outside the room without the use of a key.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 09/15/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5536	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STOREY OAKS	8300 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS An abbreviated survey was conducted 09/09/21, 09/10/21 and 09/13/21 to investigate complaints OK 00055934, OK 00056448, OK 00057016 and OK 00057679. Additional documentation was received 09/14/21. Deficient practice was cited. Resident census was 38.	C 000		
C1505 SS=E	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

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C1505	Continued From page 1	C1505		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined the center neglected to prevent and monitor a gluteal excoriation which developed into a sacral decubitus for resident #1 who was vulnerable and required staff assistance with incontinent care. The center failed to:

~update a resident's assessment after a significant decline;

~update a resident's care plan to include interventions such as skin assessments, monitoring and preventing skin break down;

~track and document a gluteal excoriation; and

~notify the family of any changes in the resident.

These failed practices resulted in the potential for more than minimal harm, at a pattern.

Findings:

The center's policy, titled monitoring/observation by staff documented, staff shall monitor for change in condition of residents and report and document such changes according to established procedures and in a timely manner. All employees should, on an ongoing basis, observe for changes in the condition of residents. Staff should report any changes to the resident care

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C1505	Continued From page 2	C1505		

director (registered nurse) and document them in the resident's service notes. When staff report a change in a resident's condition to the resident care director, he/she must determine what action should be taken. Interventions that might be appropriate include: continued observation/monitoring by staff, additional evaluation by the resident care director and/or other health care professional, informing the resident's family or responsible party of the concern and following any instructions provided by him/her. Document any intervention taken in the resident's service notes, along with any follow-up action taken. Continue documentation until resolution of the concern is noted.

Resident #1

The preadmission assessment tool dated 03/05/20 documented, needs memory care, Ambulation: wheelchair, requires extensive ambulation assistance and one person transfer routinely.
Stability/Falls: decreased safety awareness, weakness, limited fall or moderate fall assessment, routine interventions required.
Dressing: needs extensive hands on assistance with selection, dressing and undressing routinely.
Grooming: needs extensive hands on assistance AM/PM with all aspects of grooming.
Bathing/Showering: 3=(per weekly shower) needs extensive hands on assist in/out of shower, wash/dry entire body.
Personal hygiene/continence: incontinent of both bowel and bladder, needs extensive hands on assistance will all aspects of toileting and hygiene.
Cognitive: impaired judgement, moderated memory loss, needs frequent reminders/cueing to complete tasks and make safe choices.

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C1505	Continued From page 3 Health/Wellness Treatments/interventions: weekly intervention by caregiver, requires no monitoring by nurse (BP(blood pressure), weights, vitals, etc). Care management: communication/coordination required by nurse to outside providers (MD, NP, etc). Skin Care: routine skin care. Dermal ulcers: no ulcers noted. Admitted to the center 03/14/20 with diagnoses to include dementia, insomnia, anxiety, depression and creutzfeldt-jakob disease, with a history of urinary tract infections (UTIs). The comprehensive assessment documented he was alert and oriented x 2 (person, place) confused at times and forgetful with fair judgement (limited safety awareness). The resident was weight bearing with full range of motion. Ambulation was with staff assistance (utilizes wheelchair due to weakness). Wheelchair with staff assistance. Bathing, dressing and toileting required a one person assist. Transferring required a one to two person assist. Ambulation required a two person assist and eating required set-up only. He was incontinent of bladder and bowel. His toileting ability was a total assist with adult briefs. His ability to communicate was good. He was interviewable, but forgetful. His skin condition was described as good, clean, dry, intact, pink, warm, but fragile. He had no wounds documented.	C1505		

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C1505	Continued From page 4 The Braden risk assessment scale documented he had a potential problem with friction and shear. Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down. The resident admitted 03/14/20. There was no care plan dated 03/14/20 to compare any changes or update made 04/10/20. On 04/10/20 the resident's care plan was updated which documented, Mobility: the resident was unable to ambulate, required hands on assistance for ambulation and transfers. Provide extensive hands on assistance for ambulation. Assistance needed - Extensive. Dressing: resident required the assistance of staff for dressing and undressing daily. Provide extensive hands on assistance with all aspects of dressing and undressing. Assistance needed - Extensive. Grooming: resident unable to perform routine grooming independently and requires the routing assistance of staff for all hygiene needs. Staff to provide daily hygiene and grooming needs. Staff to monitor for changes in condition and notify nurse. Assistance needed - Extensive. Bathing: resident unable to bathe independently and required the assistance of staff. Hands on assistance to perform all aspects of bathing, monitor skin condition and report changes. Assistance needed - Extensive. Continence: resident unable to be independent with toileting. Provide total assistance with all aspects of toileting, incontinent care, apply barrier cream with each change, monitor skin and report	C1505		

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C1505	Continued From page 5	C1505		

changes. Assistance needed - Total.
Dining: resident independent with dining, requires set-up. Set up, supervise, and cue as needed. Monitor for adequate nutrition and hydration. Report less than 50% eaten. Assistance needed: supervision.
Cognition: mild memory loss. Occasionally needs reminders, reorienting to person, place, time. Decreased performances in tasks and social settings. Needs occasional supervision to make safe choices. Provide occasional reminders, reorienting, and supervision to make safe choices. Assistance needed - limited.
Health: skin care: weekly assessments. Dermal ulcers: none.

There was no significant change assessment documented or completed at the time of the updated care plan which also had not included the residents history of UTIs.

On 05/11/20 a physician's progress noted documented reason for visit: gluteal excoriation.

History of present illness: From sliding across mattress, presumably. A small excoriation that is being monitored by staff. Calmoseptine has been applied and it is gradually diminishing. I have not visualized it today. I reviewed his record.

Past medical history: Hypoproteinemia, debility, and lower extremity weakness with dementia.

Review of systems: The patient does not have a review of systems. Reports no changes. Staff indicated that the wound itself has been monitored for any progression.

Physical exam:
Skin: Exam deferred at this time as patient is in

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C1505	Continued From page 6	C1505		

the common area. The wound itself was not seen.
Respiratory: Bilateral apical wheezes and basilar crackles.

Problem list:
1. Gluteal ulceration.
2. Hypoproteinemia.
3. Rash

Plan: Continue Calmoseptine cream and we will monitor until completely resolved. I will reassess this patient again in 2 weeks.

A licensed practical nurse (LPN) documented the doctor was in the community for a 30 day visit. Continue current regimen and will continue to monitor.

There was no documentation about the residents decline or a significant change assessment. There was no documentation in the resident note about the wound. There was no documentation the family had been notified about the wound. There were no shower/skin sheets or skin assessments provided. There was no documentation provided about a barrier cream, either a physician order or if it had been applied at the time of admission (03/14/20) until May 7, 2020; new order: Calmoseptine ointment, apply to red areas on buttocks two times a day. The resident's history of UTIs was not care planned. There was no RCA (resident care associate) shift report documentation provided. There were no pressure ulcer documentation forms provided.

05/11/20 nutrition risk assessment by registered dietician and licensed dietician (RDLD) documented, skin conditions: intact.

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STOREY OAKS	8300 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

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C1505	Continued From page 7 05/15/20 6:45 p.m. resident noted to be lethargic, labored breathing, BP 90/58, RR 24, skin cool/clammy, new order to send resident to hospital. EMSA arrived at 7:10 p.m. BP 80/50. Resident transported to hospital per family choice. The hospital emergency department (ED) physician identified a sacral decubitus ulcer and ordered a wound nurse consult. An ED registered nurse (RN) note documented the resident was unresponsive on arrival, respirations labored and shallow, on a non-rebreather, cyanotic and extremities cool, provider and staff at bedside to assist with intubation monitor placement, foley placement, medication administration, and IV insertion, patient received IVF levophed and propofol for sedation and blood pressure maintenance, placed on cardiac blood pressure and pulse oximeter monitors, soft restraints applied for line maintenance, patient responding well at this time for treatment, will monitor. An ED RN note documented cleaned for bowel movement, linens changed, wound noted to sacrum approximately stage 3, raw and excoriated. The death certificate documented, cause of death: myocardial infarction, septic shock and acute urinary tract infection. On 09/10/21 at 6:53 a.m. employee #3 was asked if she remembered resident #1. She stated she remembered (resident #1), but did not provide care to resident #1. On 09/13/21 at 9:18 a.m. employee #1 was asked	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5536	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STOREY OAKS	8300 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

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C1505	Continued From page 8 about resident #1. She stated, "He had good and bad days." She was asked if he was in a wheelchair. She stated, "I believe so." "He declined and was in a Broda (chair)." "He was a three person assist after he declined." She couldn't remember when he declined and didn't remember a wound. She stated, "He had spells. Some type of seizures?" At 9:25 a.m. employee #7 was asked if she remembered resident #1, but she stated, "I can not remember." At 10:11 a.m. LPN #1 was asked about resident #1. She stated, "He was a two person assist, sometimes three (person assist) depending on the resident how much he would help." She stated he had been in a wheelchair, but declined and was placed in a Broda chair. She was asked if she remembered a wound. She stated, "I don't remember about a wound." At 10:17 a.m. RN #1 was asked about resident #1. She stated she didn't remember him because he was here before she took the position at the center. During record review, she was asked about the residents history of UTIs. She stated it was documented in the comprehensive assessment. He was admitted to the center with a UTI with antibiotic therapy. When she was asked if his UTIs were care planned she stated, "It doesn't look like it." RN#1 was asked if there was any documentation about the residents decline. She stated, "I don't see any." She was asked if there was any documentation about the residents skin or wound. She stated, "I'm not seeing anything." At 12:54 p.m. RN #1 was asked if there were any pressure ulcer documentation forms or skin	C1505		

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	AL5536	A. BUILDING: _____ B. WING _____	09/13/2021

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C1505	Continued From page 9	C1505		

assessments. She stated she did not see any. She stated a resident with a skin issue should have additional skin assessments and/or pressure ulcer documentation forms completed.

The center's resident admission agreement, dated 03/14/20, documented services included in your monthly fee: supervision and assistance: The facility is staffed twenty-four hours per day to provide reasonable supervision and assistance with the activities of daily living as designated by the residents' service plan including, but not limited to: nursing supervision during nursing intervention, intermittent or unscheduled nursing care, assistance with transfers and ambulation. Exhibit 1, Resident rights in assisted living. Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community.

The center's marketing materials documented, our hydration station appeals to the senses and encourages resident's independence to stay hydrated with herb and fruit infused waters. You are always invited to stop by and learn about our research based approach to memory care. Monitoring by 24-hour staff. Licensed LPNs are staffed 16 hours per day to ensure that residents receive the highest level of care. The resident care staff are staffed 24 hours per day and are specially trained in handling dementia-related behaviors. Dedicated LPNs and/or Certified Medication Aides provide assistance with all medications. The resident care staff will provide reminders, stand-by assistance or hands-on support for showers, dressing, grooming, personal hygiene, and toileting. The incontinence bundle consists of all of the necessary supplies including incontinence products, gloves, wipes

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C1505	Continued From page 10 and pads. Bedrooms are designed to provide residents with the perfect setting to relax in comfortable surroundings, to experience a deeply restful sleep, and to replenish and prepare for the day ahead. A heartfelt commitment to excellence...is not your typical memory care community content with only providing caregiving services. We've learned from cutting-edge research and have implemented life-enhancing practices to benefit those living with Alzheimer's disease or related dementias. An exceptional memory care community. Our purest joy each day comes from loving and serving the needs of our residents. The lifestyle residents experience is highly personalized and purposely orchestrated. Our cutting-edge symphony of life philosophy and programming helps fill our residents and their family with hope, inspiration and compassion. We embrace a person-centered model of care which allows us to develop a custom-tailored plan for each resident that supports individual interests and abilities. And it's all delivered by trained resident specialists led by a state-licensed executive director who is a certified dementia practioner and values getting to know each resident's life story. Our promise is to provide a level of quality service that will ensure residents to enjoy the lifestyle they so richly deserve. Our satisfaction comes from knowing that we have met or exceeded the quality of care our residents and their families expect. Our dedication includes the commitment to equipping our staff with the latest research-based training to improve the lives of our residents and their families.	C1505		

OKLAHOMA
State Department
of Health

Delivery via email to: Sslemp@StoreyOaks.com

October 8, 2021

License Number: AL5536

Mr. Scott Slemp, Administrator
Storey Oaks
8300 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: TJDF11

Dear Mr. Slemp:

On **September 13, 2021,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the **facility's responsibility for compliance should the implementation not result in correct**ion and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **November 28, 2021**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Sincerely,

Tempal Killman Digitally signed by Tempal Killman
Date: 2021.10.08 10:53:45 -05'00'

Tempal Killman, Administrative Assistant
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 9/28/2021** **Facility Name:** Storey Oaks **License Number:** AL5536 **Survey Event ID:** TJDF11 **Date Survey Completed: 9/13/2021**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1505	Based on: interview and record review, it was determined the center neglected to prevent and monitor a gluteal excoriation which developed into a sacral decubitus for resident #1 who was vulnerable and required staff assistance with incontinent care

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This does not admit or acknowledge any deficient practice. Physician and staff were aware and resident was being treated appropriately.

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Resident no longer resides in community.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Resident care will be reviewed and compared to charts to see if there are any other affected residents.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	RN/DCS will audit resident charts and skin sheets monthly for 3 months and report findings and make suggestions if needed to QA Committee.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	RN/DCS will report findings and suggestions if needed to QA Committee. QA Committee will make recommendations if needed. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/28/2021
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required OAC 310:663-25-4(F)	**Date 9/28/2021**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: Sslemp@StoreyOaks.com

January 7, 2022

License Number: AL5536

Mr. Scott Slemp, Administrator
Storey Oaks
8300 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: TJDF12

Dear Mr. Slemp:

On **January 3, 2022,** a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **September 13, 2021** have now been corrected effective **November 28, 2021.**

If you have any questions concerning the information in this letter, please contact the Enforcement Coordinator at (405) 426-8200.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2022.01.07 08:16:38 -06'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5536	A. BUILDING: _____ B. WING _____	R 01/03/2022

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STOREY OAKS	8300 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

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{C 000}	INITIAL COMMENTS A revisit was conducted 01/03/2022. All deficiencies from the 09/13/2021 survey were cleared.	{C 000}		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE